Docket No. A-8274

## Declaration and Power of Attorney For Patent Application **English Languag Declaration**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original,

which a patent is sought on		) of the subject matter w	hich is claimed and for
PVC BASED MEDICAL GLOV	ES AND FORMULATIONS	THEREFOR	
the specification of which			
(check one)			
☐ is attached hereto.			
■ was filed on June 27, 20		ed States Application No	or PCT International
Application Number	10/607,499		
and was amended on _			
	(	f applicable)	
I hereby state that I have reincluding the claims, as ame			identified specification,
I acknowledge the duty to a known to me to be materious Section 1.56.			
I hereby claim foreign price Section 365(b) of any foreign any PCT International applicated below and have also inventor's certificate or PCT on which priority is claimed.	gn application(s) for pater cation which designated at identified below, by checking International application h	nt or inventor's certificate least one country other t ng the box, any foreign a	e, or Section 365(a) of than the United States, pplication for patent or
Prior Foreign Application(s)			Priority Not Claimed
(Number)	(Country)	(Day/Month/Year Filed)	_
(Number)	(Country)	(Day/Month/Year Filed)	
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(Number)	(Country)	(Day/Month/Year Filed)	
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60/422,509	October 31, 2002	
(Application Serial No.)	(Filing Date)	
(Application Serial No.)	(Filing Date)	
(Application Serial No.)	(Filing Date)	
ection 365(c) of any PCT Internat	tional application designating	any United States application(s), on the United States, listed below and ication is not disclosed in the prior
ection 365(c) of any PCT Internates as the subject matter of earnited States or PCT International I.S.C. Section 112, I acknowledge office all information known to me	tional application designating ach of the claims of this application in the manner properties the duty to disclose to the Let to be material to patentabile between the filing date of the services.	the United States, listed below and
ection 365(c) of any PCT Internates as the subject matter of earlited States or PCT International I.S.C. Section 112, I acknowledge office all information known to metection 1.56 which became available.	tional application designating ach of the claims of this application in the manner properties the duty to disclose to the Let to be material to patentabile between the filing date of the services.	the United States, listed below and ication is not disclosed in the priorovided by the first paragraph of 35 inited States Patent and Trademarkity as defined in Title 37, C. F. R.
ection 365(c) of any PCT Internates as the subject matter of earlited States or PCT International J.S.C. Section 112, I acknowledge office all information known to make the control of the PCT International filing date of the control of the contro	tional application designating ach of the claims of this application in the manner presente duty to disclose to the Le to be material to patentabile between the filing date of this application:	the United States, listed below and ication is not disclosed in the priorovided by the first paragraph of 35 inited States Patent and Trademarkity as defined in Title 37, C. F. R. he prior application and the national (Status)

statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

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